NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
RECEIVED

NOV 2 6 1974

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I.
Operator John A. Yates

O. C. C.
ARTESIA, OFFICE

Address 207 South 4th Street - Artesia, New Mexico 88210

Reason(s) for filing *(Check proper box)*

New Well ☒   Change in Transporter of: Other *(Please explain)*

Recompletion ☐   Oil ☐   Dry Gas ☐

Change in Ownership ☐   Casinghead Gas ☐   Condensate ☐

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Caroline	8	E. Millman (S.R.)	State, Federal or Fee State	B-10716

Location

Unit Letter D ; 660 Feet From The North Line and 330 Feet From The West

Line of Section 28 Township 19S Range 28E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address *(Give address to which approved copy of this form is to be sent)*
Navajo Crude Oil Purchasing Company	N. Freeman Ave., Artesia, N.M. 88210
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address *(Give address to which approved copy of this form is to be sent)*

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	D	28	19S	28E		

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion — (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
8-13-74	11-16-74	1150'	

Elevations *(DF, RKB, RT, GR, etc.)*	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3401' GR	Queen S R	1063'	1065'

Perforations		Depth Casing Shoe
1063 65 1072 16 1086-88		1150'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10"	7"	238'	Mudded
6"	4½"	1150'	300 sacks
	2" EUE	1065'	

V. TEST DATA AND REQUEST FOR ALLOWABLE
(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
11-16-74	11-24-74	Pumping	

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24			

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	10	10	TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

Testing Method *(pitot, back pr.)*	Tubing Pressure **(shut-in)**	Casing Pressure **(shut-in)**	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature)

C.L. Loyd, Prod. Superintendent
(Title)

11-25-74
(Date)

OIL CONSERVATION COMMISSION

NOV 2 6 1974

APPROVED _____, 19___

BY _____

TITLE **OIL AND GAS INSPECTOR**

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply